

AMENDED IN ASSEMBLY JUNE 16, 2005

AMENDED IN SENATE MAY 31, 2005

**SENATE BILL**

**No. 377**

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**Introduced by Senator Ortiz**

February 17, 2005

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An act to amend Sections 12693.33, 12693.45, and 12693.74 of the Insurance Code, and to amend Section 14012 of the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 377, as amended, Ortiz. Administration.

Existing law establishes the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health services to eligible persons.

Existing law also establishes the Medi-Cal program, administered by the State Department of Health Services, that provides certain benefits to qualified recipients. Under existing law, the board and department are required, to the extent allowed by federal law, to develop a joint Medi-Cal and Healthy Families Program application and enrollment form. Existing law makes a subscriber eligible for the Healthy Families Program for a 12-month period and allows disenrollment after 2 consecutive months of nonpayment of the required contribution. Under existing law, the Medi-Cal program requires annual reaffirmation of eligibility.

This bill would require designated programs including the Child Health and Disability Prevention Program (CHDP), to forward information required for the joint Medi-Cal and Healthy Families Program application and enrollment process, *subject to parental consent*. The bill would require a subscriber in the Healthy Families Program and a recipient of services in the Medi-Cal program to

provide information to continue their eligibility only if they experienced a change in criteria affecting their eligibility for those programs. The bill would delete authority to disenroll an applicant for failure to pay the requisite family contribution under the Healthy Families Program and, instead, require the board to develop a schedule for payment of the delinquent contributions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. It is the intent of the Legislature that this act  
2 become operative only if the Legislature provides full funding for  
3 its operation in the annual Budget Act.

4 SEC. 2. Section 12693.33 of the Insurance Code is amended  
5 to read:

6 12693.33. (a) To the extent feasible and permissible under  
7 federal law and with receipt of necessary federal approvals, the  
8 State Department of Health Services and the board shall develop  
9 a joint Medi-Cal and program application and enrollment form  
10 for children. The department shall seek any federal approval  
11 necessary to implement a combined application form. If  
12 information not included in this application form is required to  
13 determine eligibility for Medi-Cal or the program, the State  
14 Department of Health Services and the board are authorized to  
15 obtain that information from the applicant.

16 (b) The Head Start program, state-subsidized child care  
17 programs, and the Child Health and Disability Prevention  
18 Program (Article 6 (commencing with Section 124025) of  
19 Chapter 3 of Part 2 of Division 106 of the Health and Safety  
20 Code) shall, *only with the consent of the parent*, forward all  
21 information required for the joint Medi-Cal and program  
22 application process described in subdivision (a), and that  
23 information may be used to determine eligibility for those  
24 programs.

25 SEC. 3. Section 12693.45 of the Insurance Code is amended  
26 to read:

27 12693.45. After two consecutive months of nonpayment of  
28 family contributions by an applicant, the board shall develop a  
29 schedule allowing the applicant to pay the delinquent family

1 contributions. The board shall adopt regulations setting forth a  
2 process for developing these schedules.

3 SEC. 4. Section 12693.74 of the Insurance Code is amended  
4 to read:

5 12693.74. Subscribers shall continue to be eligible for the  
6 program for a period of 12 months from the month eligibility is  
7 established. The board shall require a subscriber to submit a  
8 renewal form at the end of this 12-month period only if a change  
9 has occurred during that period to any information required in  
10 this chapter to be eligible for the program.

11 SEC. 5. Section 14012 of the Welfare and Institutions Code is  
12 amended to read:

13 14012. Reaffirmation shall be required by the department  
14 only if the recipient's circumstances affecting his or her  
15 eligibility for services under this chapter have changed since the  
16 date he or she last filed a reaffirmation.